U.S. Department of Ascicel: 18-cv-01134-WHB DOC #PROCESS RECEASE 1400 REGULEN 37 See "Instructions for Service of Process by U.S. United States Marshals Service **PLAINTIFF** TYPE OF PROCESS DEFENDANT Officer IRUIN OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN IRDIO, C/O CUYADORA COUNTY COCC. (P.).
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Ontario Street Cleveland Otho 44113 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 2 served with this Form 285 JIM T. Glover Ir. 0236844 Number of parties to be P.O.BOX 5660 served in this case enyahoga county corr. center Check for service Cleverand, OHIO 44113 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold old TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT CE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District to District of **Total Process** I acknowledge receipt for the total Origin Serve number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) No. No. I hereby certify and return that I 🗌 have personally served , 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion Name and title of individual served (if not shown above) then residing in defendant's usual place of abode Time Date Address (complete only different than shown above) ☐ am nq 🔲 Signature of U.S. Marshal or Deputy 'Amount owed to U.S. Marshal\* or Advance Deposits Total Charges Total Mileage Charges Forwarding Fee Service Fee (Amount of Refund\*) including endeavors) REMARKS:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Associal: 18-cv-01134-WHB DOC #PROCESS RECEIPTE TAND RECEIPE 38 See "Instructions for Service of Process by U.S. United States Marshals Service PLAINTIFF 10 Floor DEFENDANT THE OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN County Correctional ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 extario street cleveland, Othio 44113-1664 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Jim T. Glover, 0236894 Number of parties to be served in this case P:U.BOX 5600 Eugupa county correctional center Eleveland, WHO 44113 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold -014 TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 214) 801-0021 DEFENDANT FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District of District to Total Process I acknowledge receipt for the total number of process indicated. Origin Serve (Sign only for USM 285 if more No. than one USM 285 is submitted) No. I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. 1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion Name and title of individual served (if not shown above) then residing in defendant's usual place of abode Time Date Address (complete only different than shown above) pm pm Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal\* or Advance Deposits Total Mileage Charges Forwarding Fee Total Charges Service Fee (Amount of Refund\*) including endeavors) REMARKS:

THE SECOND

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3: NOTICE OF SERVICE
- 4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please-remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Departn United States	nent o <b>£Asc</b> iel Marshals Servic	18-cv-01	134-WH	B Doc #	ROCAISO: RO e <u>"Instructions for</u>	Service	BT3AND B e of Process by U.	gerb#: 3 S. Marshal"	9	
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Signature of Attorney other Originator requesting service on behalf of:  PLAINTIFF							TELEPHONE NUMBER DATE			
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I. CLERK OF THE COURT

2. USMS RECORD

3: NOTICE OF SERVICE

HOLLOG STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

See "Instructions for Service of Process by U.S. Marshal" United States Marshals Service PLAINTIFF TYPE OF PROCESS DEFENDANT CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN 441131661 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Jim T. Glover or Number of parties to be P.O. BOD 5600 served in this case Cleucland, OHIO 44101 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold =old DATE TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT 216/801-00 2 USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District to District of Total Process I acknowledge receipt for the total Origin Serve number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) No. No. I hereby certify and return that I 🔲 have personally served , 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion Name and title of individual served (if not shown above) then residing in defendant's usual place of abode Date Time Address (complete only different than shown above) am pm pm Signature of U.S. Marshal or Deputy 'Amount owed to U.S. Marshal\* or Advance Deposits Total Mileage Charges Forwarding Fee Total Charges Service Fee (Amount of Refund\*) including endeavors) REMARKS: PRIOR EDITIONS MAY BE USED

U.S. Department Capactic 18-cv-01134-WHB Doc #PROFIES PERIORIP I AND PROFIEN 40

- 1. CLERK OF THE COURT
- 2, USMS RECORD
- 3. NOTICE OF SERVICE
- 4: BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of a secret 18-cv-01134-WHB DOC #PROCES RECEIPTS AND RECEIP 41 United States Marshals Service PLAINTIFF DEFENDANT AME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN lere of Courty boil ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be 2 served with this Form 285 Tim To Glover Ja Number of parties to be served in this case P.O. BOX SGUD Cuyahaga County Corr. center Cleveland Ohio 44113 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold old DATE TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date Total Process District of District to I acknowledge receipt for the total Serve number of process indicated. Origin (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place Time Date Address (complete only different than shown above) am ☐ pm Signature of U.S. Marshal or Deputy 'Amount owed to U.S. Marshal\* or Total Charges Advance Deposits Total Mileage Charges Forwarding Fee Service Fee (Amount of Refund\*) including endeavors) REMARKS:

THE SCORES

1. CLERK OF THE COURT

2. USMS RECORD

3: NOTICE OF SERVICE

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

J.S. Department Cassecica: 18-cv-01134-WHB Doc #PROCESS RECORDER 6 AND RECEIPEN 42 See "Instructions for Service of Process by U.S. United States Marshals Service COURT CASE NUMBER PLAINTIFF TYPE OF PROCESS DEFENDANT Se LACKUH MENTAL HEALTH/KN LEON PROPERTY TO SEIZE OR CONDEMN
BE OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NURSE LACRACIA County Cuy Ahogo Con. Center ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 Ontario Street Cleve land, O. HIO 44113-1664 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Jim T. Clover Ir. 0236844 P.O. Box, 5600 Cuyahuga County Corr, Center Cleveland roll. Number of parties to be served in this case clevelas di colo 44113-1664 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold ÷old TELEPHONE NUMBER Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF 4-26-18 DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date **Total Process** District of District to I acknowledge receipt for the total Serve Origin number of process indicated. (Sign only for USM 285 if more No. No. than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served, 🗋 have legal evidence of service, 🗋 have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Time Date Address (complete only different than shown above) am 🔲 ☐ pm Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal\* or Total Charges Advance Deposits Service Fee Total Mileage Charges Forwarding Fee (Amount of Refund\*) including endeavors) REMARKS:

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